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maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 08/18/2008 28075 7590 CROMPTON, SEAGER & TUFTE, LLC CERTIFICATE FOR ELECTRONIC TRANSMISSION 1221 NICOLLET AVENUE I hereby certified that this Fee Transmittal is being electronically transmitted to the U.S. Patent and Trademark Office on the date indicated below. SUITE 800 MINNEAPOLIS, MN 55403-2420 Kathleen L. Boekley (Depositor's name (Signature 2008 (Date November CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO 1001.1765101 1275 10/791,008 03/02/2004 Huey Quoc Chan TITLE OF INVENTION: OCCLUSION BALLOON CATHETER WITH EXTERNAL INFLATION LUMEN ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY 11/18/2008 NO \$1440 \$300 \$0 \$1740 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT 606-194000 STIGELL, THEODORE J 3763 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 CROMPTON, SEAGER & the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. TUFTE, LLÇ (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. The Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Boston Scientific Scimed, Inc. Maple Grove, Minnesota Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form). one(1) Advance Order - # of Copies \_ 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from any one other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office Authorized Signature 36,772 David M. Crompton Typed or printed name Registration No.

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